

Dawnna Dukes  
Madame Chair



## **TEXAS HOUSE OF REPRESENTATIVES**

### **AGENDA**

#### **SELECT COMMITTEE ON CHILD PROTECTION**

**MADAME CHAIR DAWNNA DUKES**

**TUESDAY, SEPTEMBER 30, 2014**

**10:00A.M.**

**E2.030**

#### **I. CALL TO ORDER**

#### **II. CHAIR'S OPENING REMARKS**

#### **III. OVERVIEW FROM THE NATIONAL COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES**

- Susan Dreyfus, Commissioner, National Commission to Eliminate Child Abuse and Neglect Fatalities

#### **IV. STATE AGENCY PANEL:**

- Sarah Abrahams, Director, Office of Health Coordination and Consumer Services, Health and Human Services Commission
- David Lakey, M.D., Commissioner, Department of State Health Services
- John Specia, Commissioner, Department of Family and Protective Services

#### **V. INVITED TESTIMONY**

#### **VI. PUBLIC TESTIMONY**

#### **VII. ADJOURN**

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#### **TOPICS:**

- Monitor the ongoing efforts of the National Commission to Eliminate Child Abuse and Neglect Fatalities.
- Consider ways to encourage consistent, transparent, and timely review of abuse and neglect fatalities.
- Consider strategies to ensure better coordination and collaboration among local agencies, faith-based organizations, the private sector, non-profits, and law enforcement to reduce the incidence of abuse and neglect fatalities.
- Assess the efficacy of ongoing prevention efforts that target resources to families at risk.

# **National Commission to Eliminate Child Abuse and Neglect Fatalities**

*No written Presentation  
Materials to be provided in  
advance*



**Susan N. Dreyfus** is a Congressional appointee to the National Commission to Eliminate Child Abuse and Neglect Fatalities. Commissioner Dreyfus is president and chief executive officer of the Alliance for Children and Families. Prior to joining the Alliance in 2012, Dreyfus was secretary for the Washington State Department of Social and Health Services. She had responsibility for Medicaid, aging and long-term care, child welfare, behavioral health care, juvenile justice, economic assistance, and other human services. She was appointed by Gov. Chris Gregoire in May 2009 and served as a member of the governor's Executive Cabinet. Dreyfus served as senior vice president and chief operating officer for the Alliance from 2003–2007. In 1996, she was appointed by the administration of Wisconsin Gov. Tommy G. Thompson to be the first administrator of the Division of Children and Family Services. Her responsibilities included child welfare, child care quality and licensing, youth development, and an array of emergency assistance and other community programs.



# COMMISSION TO ELIMINATE CHILD ABUSE AND NEGLECT FATALITIES

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– About CECANF ▼

## About CECANF

*"We are aware that there are so many, many children across the country who lose their lives or are permanently scarred by abuse from a caretaker. We know that there are many reasons why this happens — our goal must be to improve our understanding of these causes and what we can do to prevent this kind of maltreatment of children. The Protect Our Kids Act will help provide thoughtful consideration of the steps we can take to better protect vulnerable children. Working together in a bipartisan way, we can make meaningful progress on this troubling issue."*

-Congressman Lloyd Doggett of Texas, Author of the Protect Our Kids Act

*"Far too many children die each year as a result of abuse and neglect. As an attorney who formerly handled child welfare issues, I've worked throughout my time in Congress to reduce tragedies like this. Despite much progress, there is still more we can do to help children in need. That's why I'm proud to have worked with Representative Doggett and others to pass the bipartisan Protect our Kids Act, which has brought together experts to develop a comprehensive national strategy to reduce these tragedies. I hope that by working together we can take important steps forward to prevent the tragic deaths of too many of our nation's children."*

-Congressman Dave Camp of Michigan, Author of the Protect Our Kids Act

In 2010, the National Coalition to End Child Abuse Deaths, comprising [five national advocacy organizations](#), was formed to address the escalating number of children in the United States who die each year from abuse and neglect. One major milestone in the coalition's efforts was the introduction and passage of the [Protect Our Kids Act of 2012](#), which garnered broad, bipartisan support in the House, passed the Senate unanimously, and was signed by President Barack Obama on January 14, 2013.

One of the key provisions of the act was the establishment of the **Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF)**, whose mission is to develop a national strategy and recommendations for reducing fatalities across the country resulting from child abuse and neglect. It will do this by:

- Raising visibility and building awareness about the problem
- Reviewing data and best practices to determine what is and is not working
- Helping to identify solutions
- Reporting on findings and making recommendations to drive future policy

The Commission is composed of [12 members](#), six appointed by the president and six appointed by Democratic and Republican leaders of the House and Senate. Members will take a broad, multidisciplinary approach to studying and making recommendations about the following key issues:

- The use and effectiveness of federally funded child protective and child welfare services
- Best practices for and barriers to preventing child abuse and neglect fatalities
- The effectiveness of federal, state, and local data collection systems, and how to improve them
- Risk factors for child maltreatment
- How to prioritize prevention services for families with the greatest needs

The legislation mandates that the Commission submit a report to the president and Congress on these issues within two years (with the potential to extend the deadline by an additional year). The report will detail specific recommendations for strategies to better track and eliminate child abuse and neglect fatalities.

The Commission will seek to engage a broad community of stakeholders, including the administration; local, state, and federal legislators; state and county agencies; media representatives; nonprofit and advocacy organizations; think tanks and policy organizations; universities; foundations; corporations; and the general public throughout the course of its two years of review, research, and development of recommendations.

[Read the Protect Our Kids Act of 2012.](#)

[See the Commission's Charter.](#)

## **[CECANF in the News](#)**

[Child deaths tied to abuse, neglect still high](#)

September 11, 2014 — *The Chicago Tribune*

[Commission to Eliminate Child Abuse and Neglect Fatalities](#)

September 2014 — Children's Bureau Express

[Building a National Strategy to End Child Abuse and Neglect Deaths](#)

September 8, 2014 — Roll Call

[Genesee County medical examiner joins nationwide conversation on child abuse](#)

August 26, 2014 — MLive

[National Commission to Eliminate Child Abuse and Neglect Fatalities to Hold Meeting in Michigan](#)

August 13, 2014 — MPHI

## **[Press Releases](#)**

[Commission to Eliminate Child Abuse and Neglect Fatalities Holds Public Meeting in Detroit, Michigan; Representatives Dave Camp and Sandy Levin Speak on Issue](#)

Detroit, Mich. – The Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) held a public meeting today in Plymouth, Michigan, just outside of Detroit, to hear from local, state, and federal stakeholders on issues related to identifying, preventing, and reducing child abuse fatalities. CECANF was established by Public Law 112-275 (112th Congress), the Protect Our Kids Act of 2012. [...]

[Commission to Eliminate Child Abuse and Neglect Fatalities Holds Public Meeting in Tampa, Florida; Hears from Local, State and Federal Leaders](#)

Tampa, Fla. – The Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) held a public meeting yesterday at the Children's Board of Hillsborough County in Tampa, Florida to hear from local, state, and federal stakeholders on issues related to identifying, preventing, and reducing child abuse fatalities. CECANF was established by Public Law 112-275 (112th Congress), the Protect Our Kids Act of 2012. [...]

[Commission to Eliminate Child Abuse and Neglect Fatalities Holds First Public Meeting in San Antonio, Texas](#)

San Antonio, Texas – The Commission to Eliminate Child Abuse and Neglect Fatalities (CECANF) held its first public meeting this week at the University of Texas, San Antonio on June 2-3, 2014. CECANF was established by Public Law 112-275 (112th Congress), the Protect Our Kids Act of 2012, to develop a national strategy and recommendations [...]

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# **Health and Human Services Commission**

*(HHSC)*

# **Presentation to the Select Committee on Child Protection: Texas Home Visiting Programs**

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Sarah Abrahams, Director  
Office of Health Coordination and Consumer Services  
Health and Human Services Commission

September 30, 2014

# Texas Home Visiting Program: Overview

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- The Texas Home Visiting program matches trained home visitors with pregnant women, young children, and their families to provide access to a coordinated system of care.
  - 4,671 families are currently served through the Texas Home Visiting program.
- Key program objectives:
  - Increase positive parenting practices
  - Improve maternal and newborn health
  - Decrease child maltreatment
  - Improve school outcomes and achievement
  - Increase parent employment and self-sufficiency



# Texas Home Visiting Program: Overview

## HHSC Texas Home Visiting Program

### Maternal, Infant, and Early Childhood Home Visiting (MIECHV)

#### MIECHV Goals:

- ▶ Improve health & development
- ▶ Prevent child injuries, child abuse, neglect, or maltreatment, & reduce emergency department visits
- ▶ Improve school readiness & achievement
- ▶ Reduce crime, including domestic violence
- ▶ Improve family economic self-sufficiency
- ▶ Improve the coordination & referrals for other community resources and supports

#### ***Federally-funded Programs***

### Nurse Family Partnership (NFP)

#### NFP Goals:

- ▶ Improved Pregnancy Outcomes
- ▶ Improved Child Health & Development
- ▶ Improved Maternal Life Course Development

#### ***State-funded Programs***

### Senate Bill 426

#### S.B. 426 Goals:

- ▶ Improved maternal or child health outcomes
- ▶ Improved cognitive development of children
- ▶ Increased school readiness of children
- ▶ Reduced child abuse, neglect, & injury
- ▶ Improved child safety
- ▶ Improved social-emotional development of children
- ▶ Improved parenting skills, including nurturing & bonding
- ▶ Improved family economic self-sufficiency
- ▶ Reduced parental involvement with the criminal justice system
- ▶ Increased father involvement & support

# Texas Home Visiting Program: Funding

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- The Texas Home Visiting program is funded with federal and state dollars.
  - Texas has received a total of four federal grants, including the federal Health Resources and Services Administration, Maternal, Infant, Early Childhood Home Visiting (MIECHV) grant, to support the development and implementation of home visiting programs in communities across Texas.
    - Total federal funding was \$19.9 in FY14.
    - Provides capacity to serve 2,646 families in 16 counties.
  - \$8.9 million GR was appropriated in FY14 for Texas' Nurse Family Partnership (TNFP) program model.
  - SB 426 (83R) appropriated \$2.7 million to the Texas' Home Visiting Program.

# Texas Home Visiting Program: Evidence-Based Models

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- State and Federal guidelines require states to use at least 75% of home visiting funds on evidence-based program models.
- HHSC selected and runs the following evidence-based home visiting program models:
  - Early Head Start-Home-Based Option (ESH-HB)
  - Home Instruction for Parents of Preschool Youngsters (HIPPY)
  - Nurse-Family Partnership (NFP)
  - Parents as Teachers (PAT)

# Texas Home Visiting Program: Evidence-Based Models

<b>Early Head Start- Home-Based Option (ESH-HB)</b>	<b>Home Instruction for Parents of Pre-school Youngsters (HIPPY)</b>	<b>Nurse Family Partnership (NFP)</b>	<b>Parents as Teachers (PAT)</b>
<ul style="list-style-type: none"> <li>• Prenatal through age 3</li> <li>• Weekly visit for 90 minutes</li> <li>• Two group socializations each month</li> <li>• Serves 5 counties</li> <li>• Serves 44 families</li> </ul>	<ul style="list-style-type: none"> <li>• Ages 3 through 5</li> <li>• Focuses on school readiness</li> <li>• Curriculum developed by HIPPY for specific age groups</li> <li>• Weekly home visits combined with group activities</li> <li>• Use staff from the community</li> <li>• Serves 17 counties</li> <li>• Serves 756 families</li> </ul>	<ul style="list-style-type: none"> <li>• First-time mothers only</li> <li>• Women enrolled by 28 weeks</li> <li>• Visits continue until child is 2 years old.</li> <li>• Texas has 20 NFP sites which totaled \$14m in FY15 (GR &amp; MIECHV)</li> <li>• Registered nurses license required</li> <li>• Serves 34 counties</li> <li>• Serves 2,283 women</li> </ul>	<ul style="list-style-type: none"> <li>• Prenatal through age 5</li> <li>• Focuses on positive parenting, health, abuse prevention, and school readiness</li> <li>• Visits vary based on family need</li> <li>• Typically complete 48 visits each month</li> <li>• In 17 counties</li> <li>• Serves 692 families</li> <li>• Serves 9 pregnant women</li> </ul>

# Nurse Family Partnership: Outcomes

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- Outcomes observed in at least one of the three randomized controlled trials of Nurse-Family Partnership
  - 48% reduction in child abuse and neglect
  - 56% reduction in emergency room visits for accidents and poisonings
  - 59% reduction in arrests at child age 15
  - 67% reduction in behavioral and intellectual problems at child age six
  - 72% fewer convictions of mothers at child age 15
- Positive outcomes for clients served by Texas' Nurse-Family Partnership
  - 91% of babies were born full term
  - 91% of babies were born at a healthy weight—at or above 2500 g (5.5lbs)
  - 87% of mothers initiated breastfeeding
  - 93% of children received all recommended immunizations by 24 months

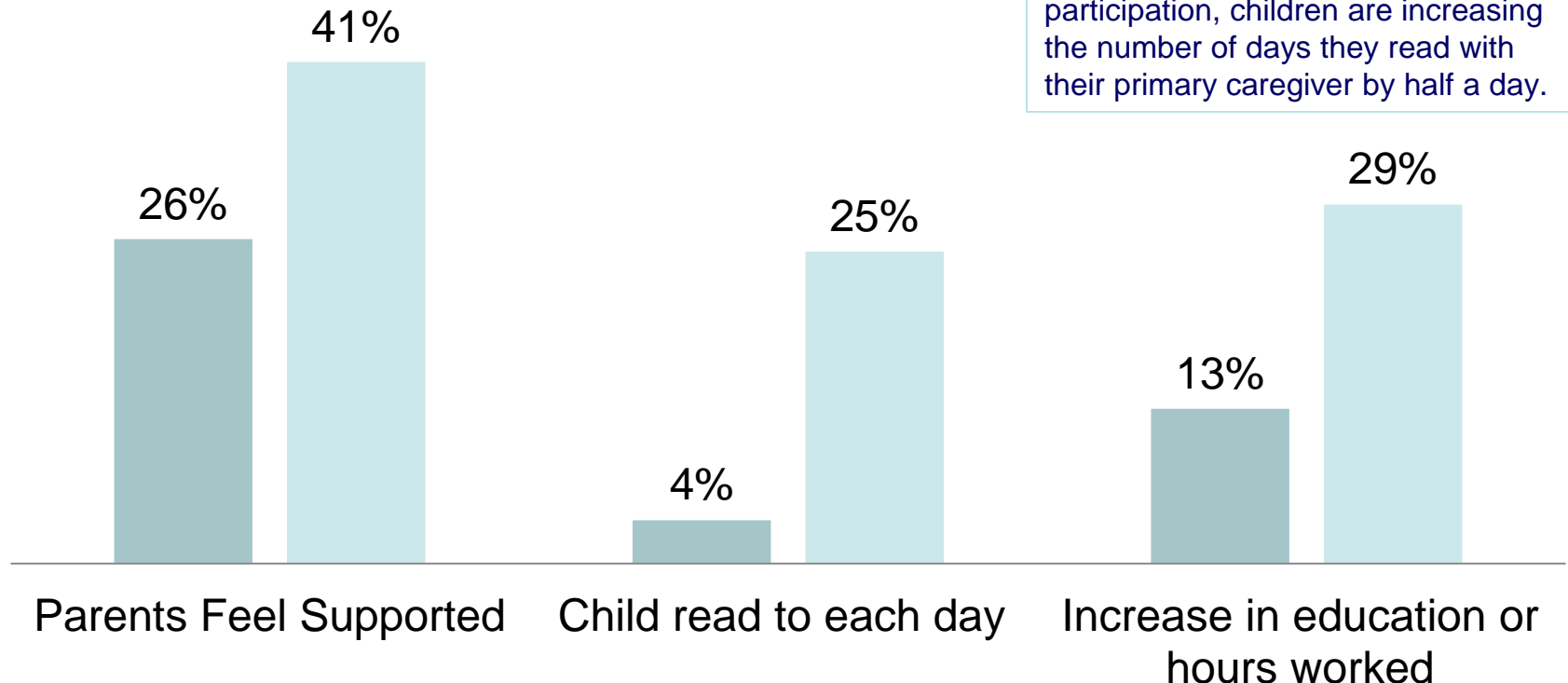
\*Source: *Nurse-Family Partnership: An Evidence-based Return on Investment for Texas*.  
Cumulative data as of December 31, 2013 Robert Wood Johnson Foundation.

# MIECHV-Funding Programs: Early Outcomes

## School Readiness & Family Self-Sufficiency

■ FY 13 ■ FY 14

During the first year of program participation, children are increasing the number of days they read with their primary caregiver by half a day.

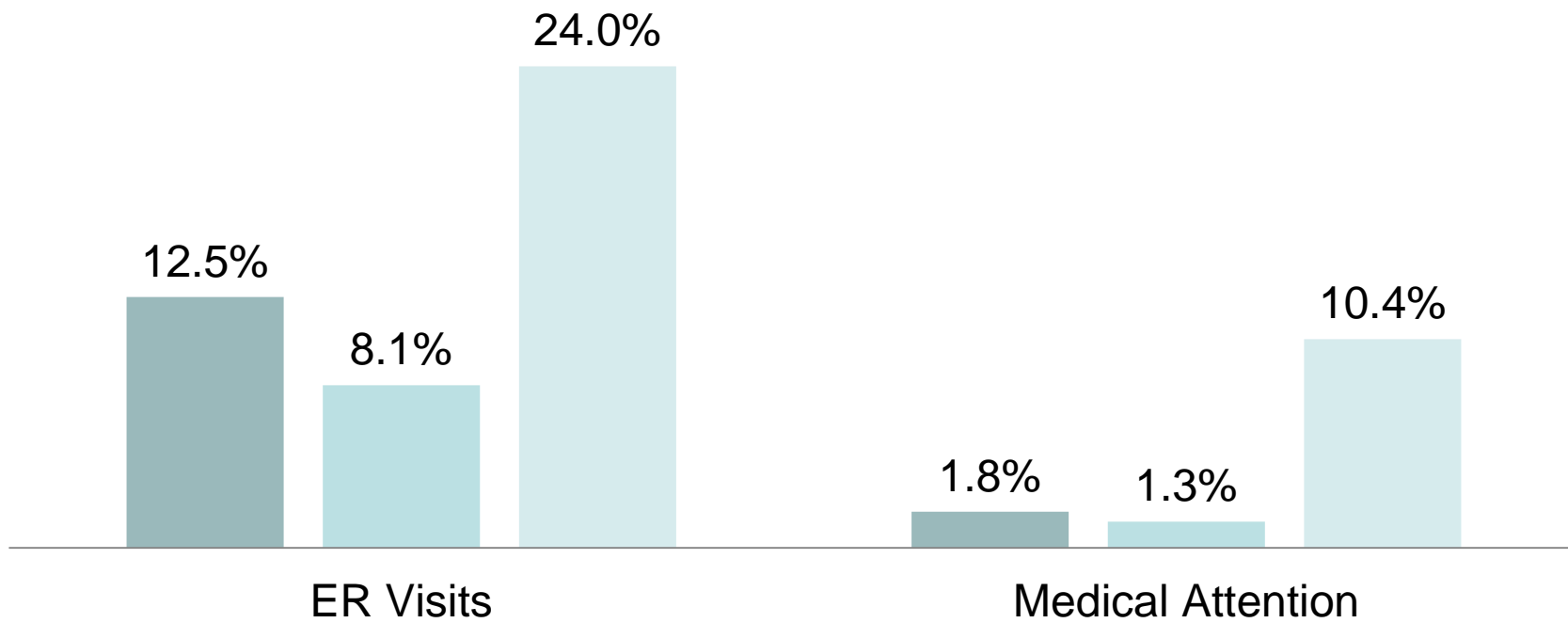


*Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin*

# MIECHV-Funded Programs: Child Safety Early Outcomes

## Child Safety

■ FY 13 ■ FY 14 ■ National %



*Preliminary data for FY14 - Child and Family Research Partnership (CFRP), LBJ School of Public Affairs at UT Austin*

## SB 426: Overview

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- SB 426 (83R) directs HHSC to develop and implement a strategic plan to provide home visiting programs to target populations, including a formal evaluation component, and community feedback.
  - Requires at least 75% of funds go to evidence-based programs.
  - Requires HHSC to measure outcomes defined in statute.
  - Appropriation for \$2.7 million in FY14, \$5.2 million in FY15
- Home visiting programs created by SB 426 will utilize and benefit from current HHSC home visiting infrastructure:
  - Data collection/data analysis
  - Comprehensive Evaluations
  - Early Childhood Comprehensive System development (ECCS)
  - Formal Continuous Quality Improvement (CQI) and sustainability planning
  - Centralized intake and referral system



# SB 426: Activities and Timeline

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- Development of strategic plan
  - HHSC has contracted for specific pieces of the strategic plan development, including synthesis of current needs assessments and a review of comparable systems.
  - HHSC solicited feedback from stakeholders through surveys, focus groups, and stakeholder community meetings.
    - Community meetings have been held in Denton, McLennan/Bell, Brazos, Lubbock, Taylor, Galveston Counties.
  - Strategic plan will include criteria for community level funding opportunities, additional infrastructure needs, and partnering opportunities.
  - Final strategic plan will be included in December 1, 2014, report to Legislature.
- Request for Proposal is expected to be released late fall, 2014.
- SB 426 report due to Senate Human Services Committee and House Human Services Committee by December 1, 2014

# **Department of State Health Services**

*(DSHS)*

# **Presentation to Select Committee on Child Protection**

David Lakey, M.D.

*Commissioner*

*Texas Department of State Health Services*

September 30, 2014

# Presentation Outline

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- Traditional DSHS Role in Reducing Abuse and Neglect Fatalities
- MEDCARES
- Provider Training and Education
- DSHS – DFPS Coordination to Reduce Abuse and Neglect Fatalities
- DSHS – DFPS Collaborative Residential Treatment Center Pilot
- Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)
- Neonatal Abstinence Syndrome (NAS)



# DSHS Role in Reducing Child Abuse and Neglect Fatalities

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## Traditional Role

- Data collection
  - primarily birth and death records
- Preventive efforts and public awareness campaigns
  - infant safe sleep, child safety seats, and seat belts

## Current Role

- Started collaborative efforts with our sister agency—the Department of Family and Protective Services (DFPS)

# Actions Central to DSHS

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- Providing timely data regarding child abuse/neglect fatalities in Texas
- Addressing the role that substance abuse plays in homes where children are at risk
- Recognizing the critical role providers play and giving them additional resources to deal with these complex issues

# Child Fatality Review Teams

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- Statewide effort to conduct retrospective reviews of child deaths through volunteer-based, Child Fatality Review Teams (CFRTs)
- Led by DSHS, in coordination with the Department of Family and Protective Services and other state agencies
- Public health strategy to:
  - Understand child deaths through multidisciplinary review on the local level;
  - Collect and analyze data to better understand risks to children; and
  - Inform local and statewide activities to reduce preventable child deaths
- Two Components:
  - Local Child Review Teams (CFRTs)
  - State Child Fatality Review Team (SCFRT)

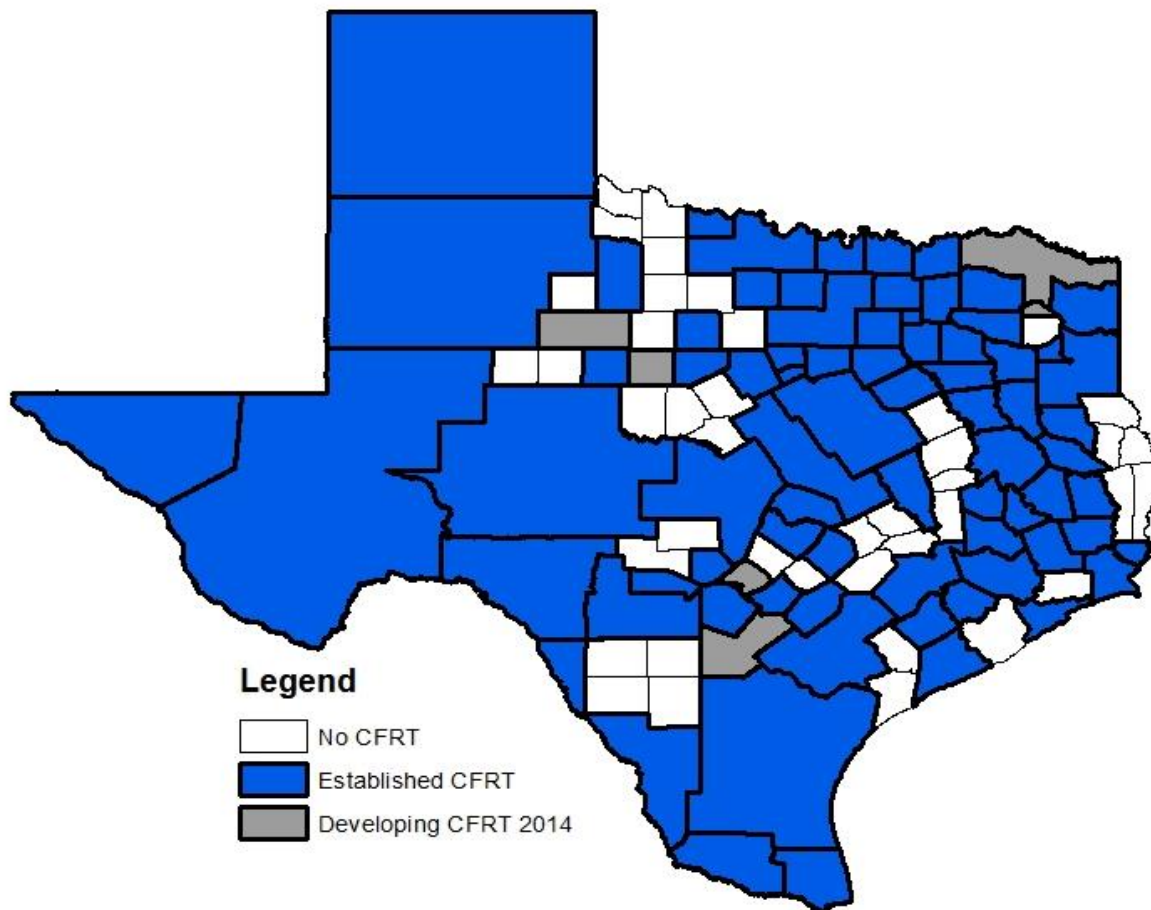
# Local Child Fatality Review Teams (CFRTs)

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- 76 CFRTs that cover 203 of the 254 Texas counties
- Conduct retrospective reviews of child deaths in their geographic areas
  - Local reviews may be conducted a year or more after each event
- Identify risk factors specific to their communities, monitor child death trends, and spearhead local prevention efforts
- DSHS provides training and technical assistance at the local level



# Statewide Map of CFRTs





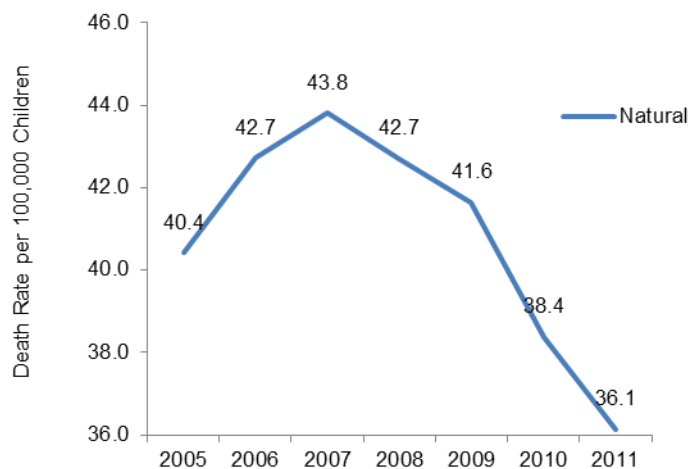
# State Child Fatality Review Team (SCFRT)

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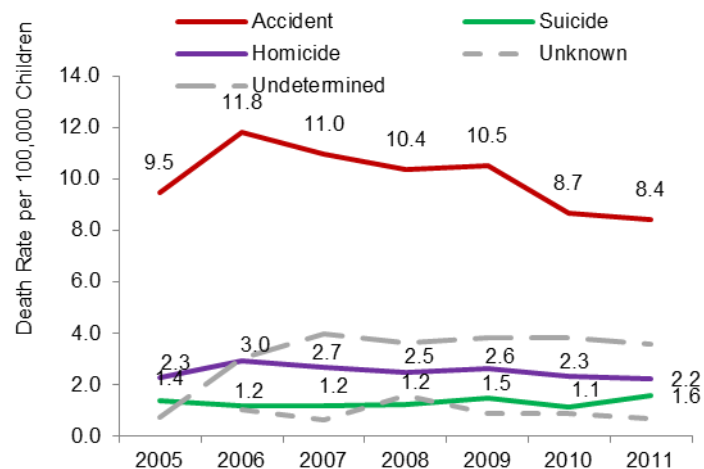
- Multidisciplinary group of specific professional disciplines with unique perspectives on child safety, including: law enforcement, the medical community, CPS and the behavioral health community
- Meets quarterly to:
  - Review data
  - Discuss statewide trends in child risks and safety issues
  - Develop strategies to improve child death data collection and analysis
  - Make legislative and policy recommendations to the Governor and Legislature regarding child safety
  - DSHS provides direct support for the SCFRT

# Child Fatalities in Texas

**Seven-year Trend in Child Death Rate -Natural Death**



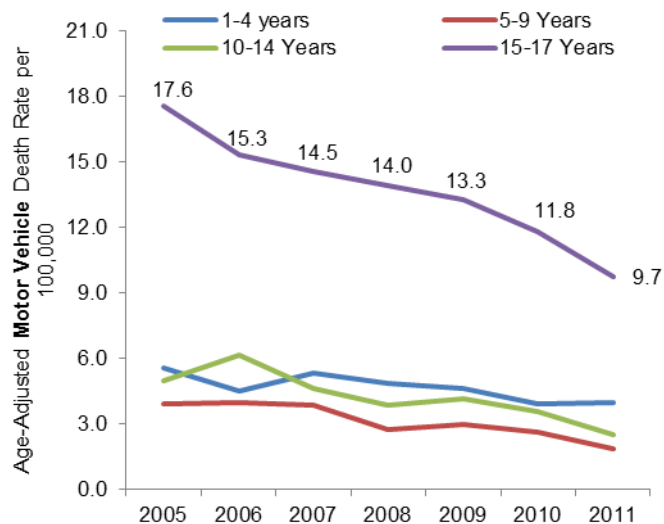
**Seven-year Trend in Child Death Rate by Manner of Death**



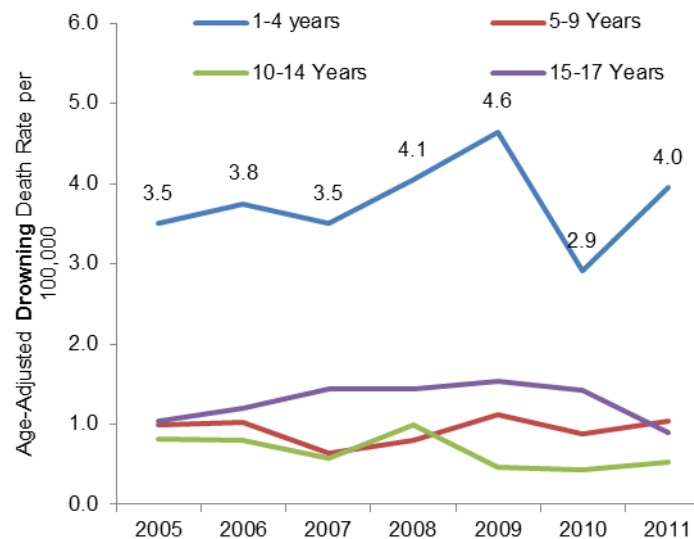
Source: Texas Child Fatality Review Team 2013 Annual Report (data 2005-2011)

# Causes of Child Accidental Deaths

## Motor Vehicle



## Drowning



Source: Texas Child Fatality Review Team 2013 Annual Report (data 2005-2011)

# CFRT Annual Report

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- Texas Child Fatality Review Team 2013 Annual Report  
(<http://www.dshs.state.tx.us/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=8589987385>)
- SCFRT Committee made legislative recommendations to reduce preventable child death in Texas, such as:
  - DFPS provide quarterly reports to the SCFRT on Project HIP (Help Through Intervention and Prevention)
  - Options for more timely delivery of death certificates and birth abstracts to the local CFRTs and strategies for improved data collection and data entry of those child deaths
  - Provide funding for annual training for Texas CFRTs
  - All Texas counties have an independent CFRT or participate in a multi-county CFRT to review and document all deaths of children less than 18 years of age



# Medical Child Abuse Resources and Education System (MEDCARES)

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**Purpose:** To develop and support regional initiatives to improve the assessment, diagnosis and treatment of child abuse and neglect

\$2.5 million in funds are awarded annually to hospitals, academic health centers, and health care facilities with expertise in pediatric health care and a demonstrated commitment to developing basic and advanced programs and centers of excellence

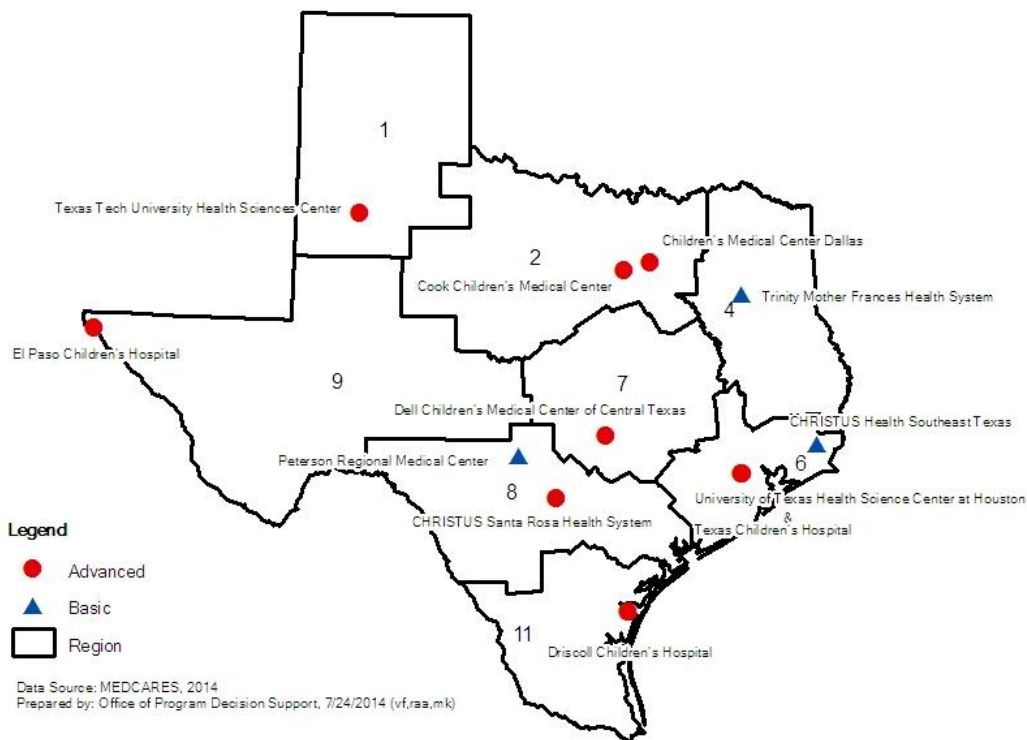
# MEDCARES

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- Child Abuse Pediatrics is a relatively new subspecialty that provides assessment, diagnosis and treatment for children with suspected child maltreatment injuries
- Child abuse specialists (CAPs), Forensic Nurse Examiners, Sexual Assault Nurse Examiners, Physician Assistants, Psychologists, etc.) improve timely and accurate diagnoses, provide treatment and give support to investigations
- Medical services include comprehensive medical evaluations in an inpatient or outpatient setting. Depending on the type of maltreatment, a child could require access to specialized equipment and/or the care of additional specialized medical professionals. These facilities are equipped to handle such needs or have relationships in place to ensure the child receives the full spectrum of care
- In addition to providing direct services, these highly trained professionals also provide education and training to those who work on the front lines with children at risk (such as law enforcement, case workers, members of the judiciary) as well as other members of the public (parents, teachers, students, medical professionals). Information is regularly provided on topics such as how to identify various types of abuse, reporting requirements, abuse mimickers, abusive head trauma and photo documentation

# MEDCARES Contractors

## 9 Advanced and 3 Basic Sites, 2014-2015



Site	City
Children's Medical Center Dallas	Dallas
Cook Children's Medical Center	Fort Worth
CHRISTUS Health Southeast Texas	Beaumont
CHRISTUS Santa Rosa Health System	San Antonio
Dell Children's Medical Center of Central Texas	Austin
Driscoll Children's Hospital	Corpus Christi
El Paso Children's Hospital	El Paso
Peterson Regional Medical Center	Kerrville
Texas Children's Hospital	Houston
Texas Tech University Health Sciences Center	Lubbock
Trinity Mother Frances Health System	Tyler
University of Texas Health Science Center at Houston	Houston



# MEDCARES 2011-2014

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- 34,242 Outpatient Consultations
- 5,950 Inpatient Consultations
- 1,926 Physical Abuse
- 369 Sexual Abuse
- 966 Neglect/Other
- 1,316 Court Appearances
- 5,677 hours conducting education and training

# Provider Training and Education

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## Texas Health Steps

- DSHS efforts center around Texas Health Steps
- Texas' Medicaid program's comprehensive preventive child health services for individuals from birth through 20 years of age
  - Focuses on medical, dental, and case management services and is dedicated to:
    - expanding recipient awareness of existing services, and;
    - recruiting and retaining a qualified provider pool to assure the availability of comprehensive services.

# Provider Training and Education

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## Texas Health Steps Online Provider Education Program

- Collaboration between DSHS, DFPS, pediatricians and other subject matter experts to provide information to providers that could help identify child abuse and potential child safety concerns
- Online continuing education modules for physicians and other health care providers on:
  - Recognizing, Reporting and Preventing Child Abuse
  - Infant Safe Sleep
  - Intimate Partner Violence Training

## Additional Provider Education

- Safety net programs that include policies requiring contractors/providers to receive Intimate Partner Violence Training

# DSHS-DFPS Strategic Plan To Reduce Child Abuse and Neglect Fatalities

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## DSHS-DFPS collaboration will target three main objectives:

1. Sharing of data to enhance analytical capabilities and support prevention and intervention strategies by both agencies.
  - Almost half of the confirmed child abuse and neglect fatalities have not had previous involvement with DFPS. By utilizing more robust data systems available to DSHS, a broader picture of influencing factors and possible intervention points can be determined for all confirmed child abuse and neglect fatalities. This approach allows for a comprehensive, yet focused approach supported by data and empirical evidence that can be evaluated over time
  - Project HIP (Help Through Intervention and Prevention) – match names of parents of newborns with parents of children who died of abuse or had rights terminated to provide intervention on behalf of the infant
2. Development of more comprehensive strategies.
  - As the first step of this project, a catalog of internal resources and programs is being developed. This catalog will allow both DFPS and DSHS to identify opportunities for cross-agency coordination, referral and access of programs statewide and identify areas to strengthen or programs to develop
3. Specific, targeted prevention and intervention at the local level.
  - The data analysis will allow the agencies to pinpoint particular geographic areas needing specific services. This will help both agencies collaborate with families, stakeholders, law enforcement, community organizations and other government agencies to address specific issues identified in their respective areas

# **DSHS- DFPS**

## **Internal Resources Guide**

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- Adult Mental Health Resources
- Children's Mental Health Services
- Crisis Services
- Children with Special Health Care Needs
- Child Safety Programs
- Prevention and Early Intervention
- Child Fatality Review
- Substance Abuse – Youth and Adults
- Suicide Prevention - DSHS
- Media Campaigns and Trainings

# DSHS-DFPS Safe Sleep

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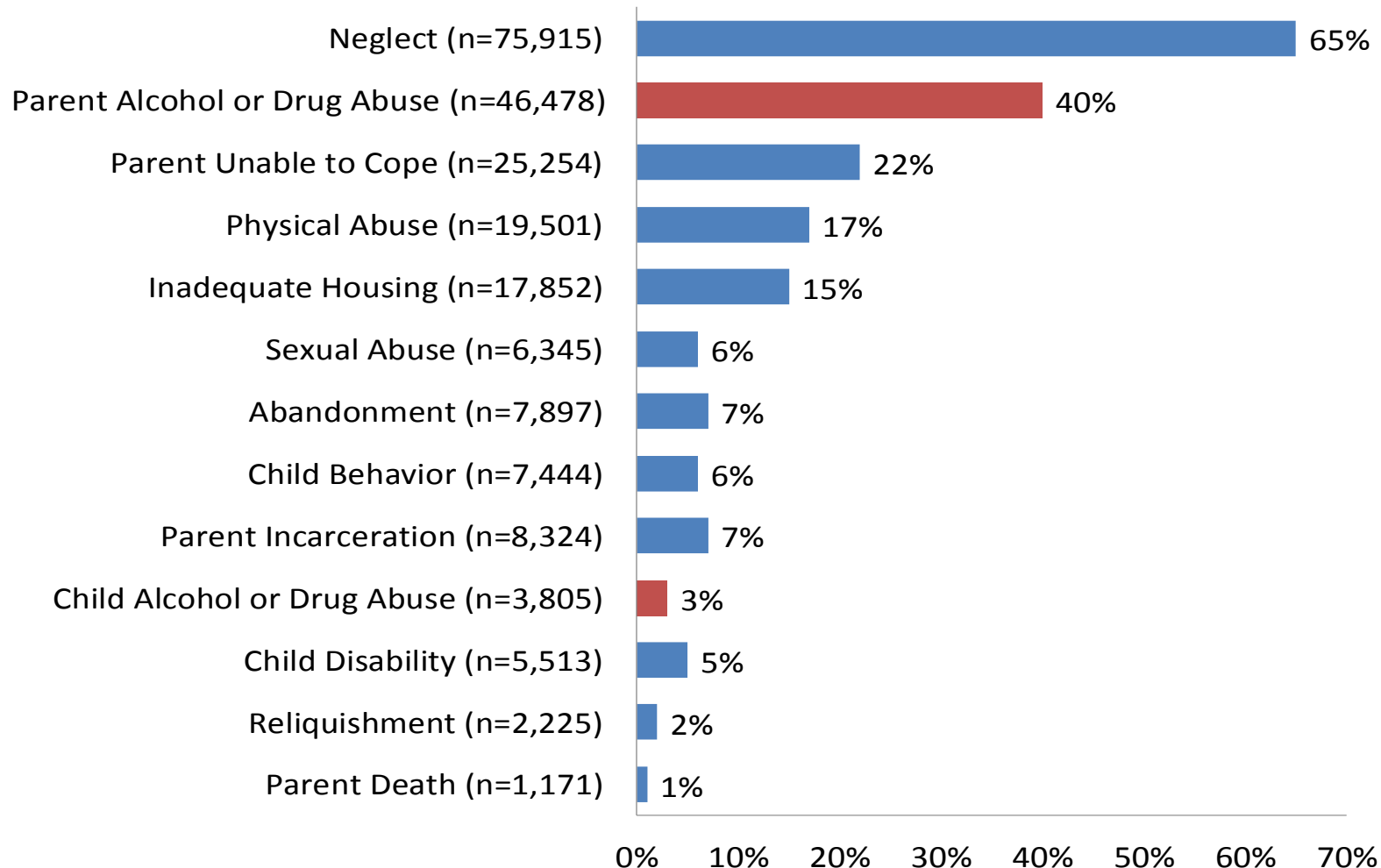
- DSHS-DFPS have collaborated on safe sleep messaging since 2008. Key collaborations include development of:
  - **Safe Sleep for Babies** factsheet used to educate childcare centers and other caregivers about safe sleep practices
  - **Safe Sleep for Babies: A Community Training**, a train-the-trainer resource for organizations providing services to parents and caregivers.
  - **Safe Sleep Training**, developed for **DFPS Child Protective Services case workers**. The online training module provides case workers with education and resources to assess home environments for sleep environment risk factors and provides guidance on counseling families on safe sleep strategies
- DSHS and DFPS cross-promote initiatives, integrating common safe sleep messaging across agencies' campaigns
  - DSHS **Some Day Starts Now** campaign and **Healthy Texas Babies** initiative promote DFPS Room to Breathe Campaign
  - DFPS **Room to Breathe** website promotes DSHS campaigns, training resources, and educational materials

# Need for Substance Abuse Services

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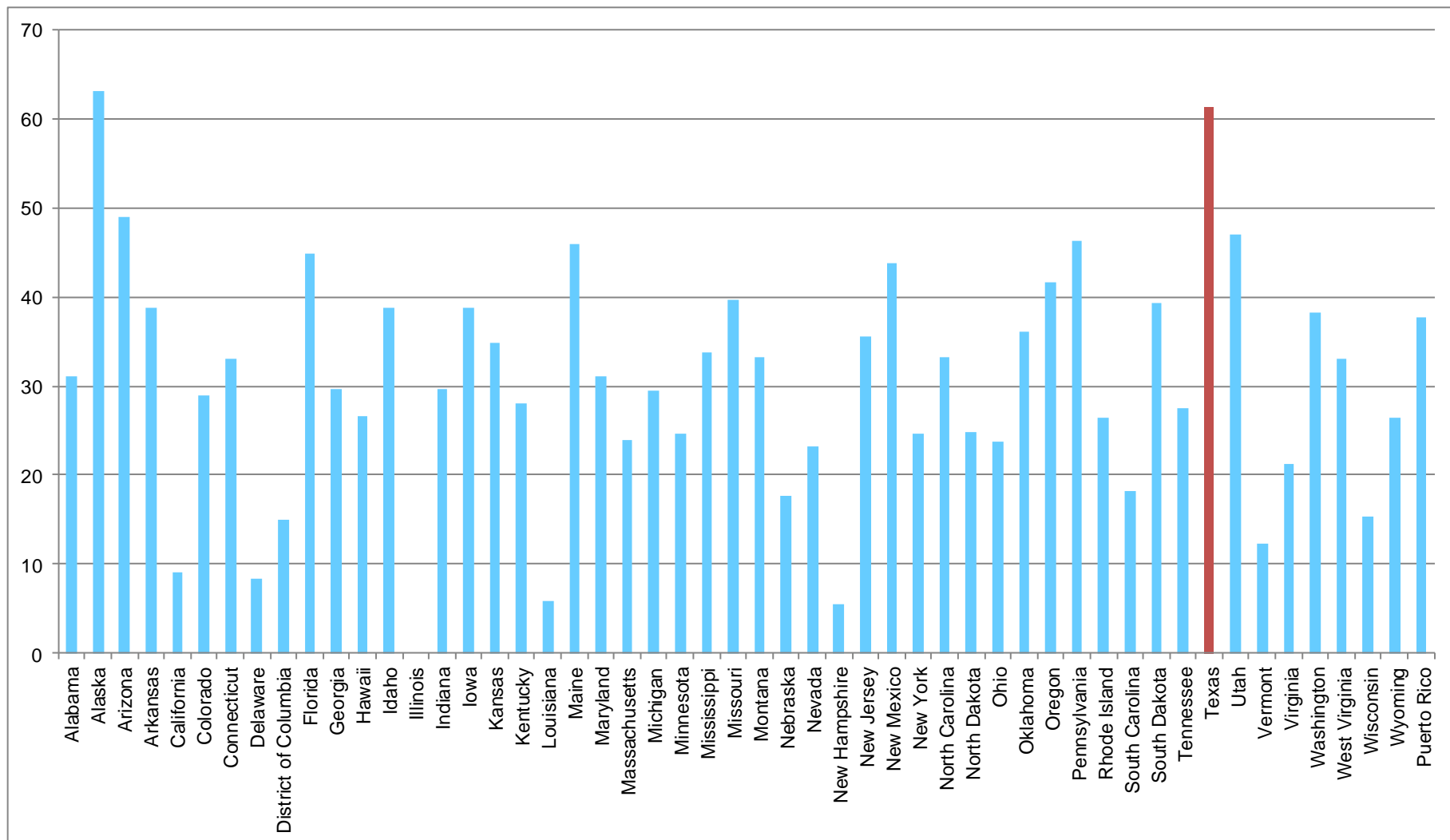
- Drug overdose deaths exceed motor vehicle-related deaths in 29 states and Washington D.C.
- Abuse of prescription painkillers costs an estimated \$53.4 billion a year in lost productivity, medical costs, and criminal justice costs
- Only 1 in 10 Americans with a substance abuse disorder receives treatment

# Children with Terminated Parental Rights by Reason for Removal





# Parental Alcohol or Other Drug Use as Reason for Removal



Source: AFCARS, 2012

Percentage of child removals

# Substance Abuse Services for DFPS Clients

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- \$10.14 million was appropriated by the 83rd Legislature to provide on-demand substance use disorder (SUD) services for referrals from DFPS
  - DFPS clients are to be admitted to SUD screening, assessment and treatment services within 72 hours
  - Expanded eligibility for the pregnant and postpartum intervention program to include parents involved with DFPS who have children under the age of 6
  - Developed the Parenting Awareness and Drug Risk Education (PADRE) program specifically for DFPS-involved fathers who have children under the age of 6 – this program began operating in September 2013

# Substance Abuse Services for DFPS Clients

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- Between December 2013 and May 2014, more than 1,800 DFPS caseworkers have been trained in the Substance Use Disorder service system
- The goal is to serve an additional 3,000 individuals referred by DFPS each fiscal year
- As of July 31, 2014, DSHS had served 2,528 more DFPS clients than in the same period in fiscal year 2013
- For FY 2014 YTD (through July 2014), DSHS served 17,499 clients
- For FY 2013 (through July 2013, for comparison purposes), DSHS had served 14,791 clients
- The increase for FY 2014 YTD over the similar period in FY 2013 is 18%



# DSHS-DFPS Collaborative Residential Treatment Center Pilot

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- The 83rd Texas Legislature appropriated \$2 million for 10 residential treatment center (RTC) placements
  - Due to demand, additional funds were used to support 3 more beds in fiscal year 2014
- DFPS refers children/youth to DSHS who are at risk of relinquishment of custody by their parents/guardians due solely to a lack of mental health resources
- Community services help prevent relinquishment for families on waiting list
- DSHS-DFPS collaboration resulted in 5 referred children remaining in their homes due to wraparound and increased community services



## **DSHS-DFPS Collaborative Residential Treatment Center Exceptional Item**

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- 13 children currently are placed with 18 on waiting list
- The DSHS Legislative Appropriations Request includes an Exceptional Item to purchase an additional 20 beds from private, licensed Residential Treatment Centers throughout the state
- The biennial cost for the expansion of this effective program is \$4,805,604

# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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- Pregnant Postpartum Intervention (PPI)
  - Pregnant and postpartum females (up to 18 months postpartum) determined to have risk factors for substance use
  - Parenting females with a child under the age of six involved with DFPS determined to have risk factors for substance use
- Parenting Awareness and Drug Risk Education (PADRE)
  - Parenting males with a child under the age of six involved with DFPS determined to have risk factors for substance use
- PPI and PADRE intervention services aim to assist pregnant and parenting clients in reducing risk factors associated with substance use and improve the health of families at risk
- PADRE programs are co-located at PPI sites due to similarity in structure and service delivery
- Each program is designed to be gender-responsive and trauma-informed



# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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## Goals

- Reduce risk of parental substance use/misuse
- Improve birth outcomes for current and future pregnancies
- Promote parental bonding activities
- Improve parenting skills
- Improve safety in familial relationships including addressing intimate partner violence and child abuse
- Increase access to community and recovery resources
- Promote engagement in primary healthcare including reproductive health and well-child visits

## DSHS-funded through GR and Federal Substance Abuse Block Grant

- \$4,439,713 funded 19 PPI sites in fiscal year 2014
- \$700,000 funded 9 PADRE sites in fiscal year 2014



# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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## Services:

- Outreach
- Case management
- Home visitation
- Motivational interviewing
- Evidence-based parenting education
- Education on fetal and child development
- Education on family violence and safety
- Reproductive health education including education on effects of alcohol, tobacco, and other drugs on the fetus
- Activities that promote parental bonding
- Assistance with transportation



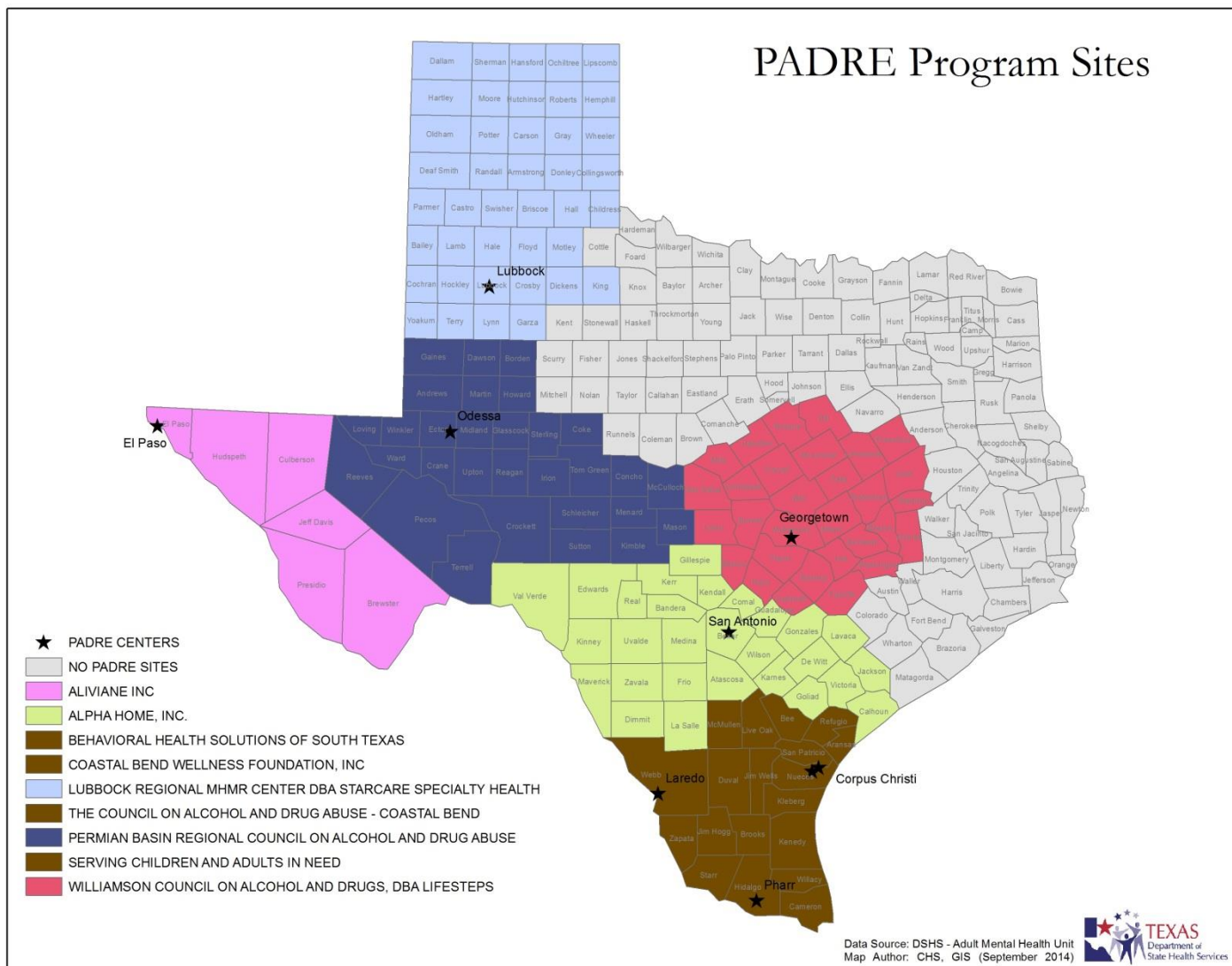
# Pregnant Postpartum Intervention (PPI) and Parenting Awareness and Drug Risk Education (PADRE)

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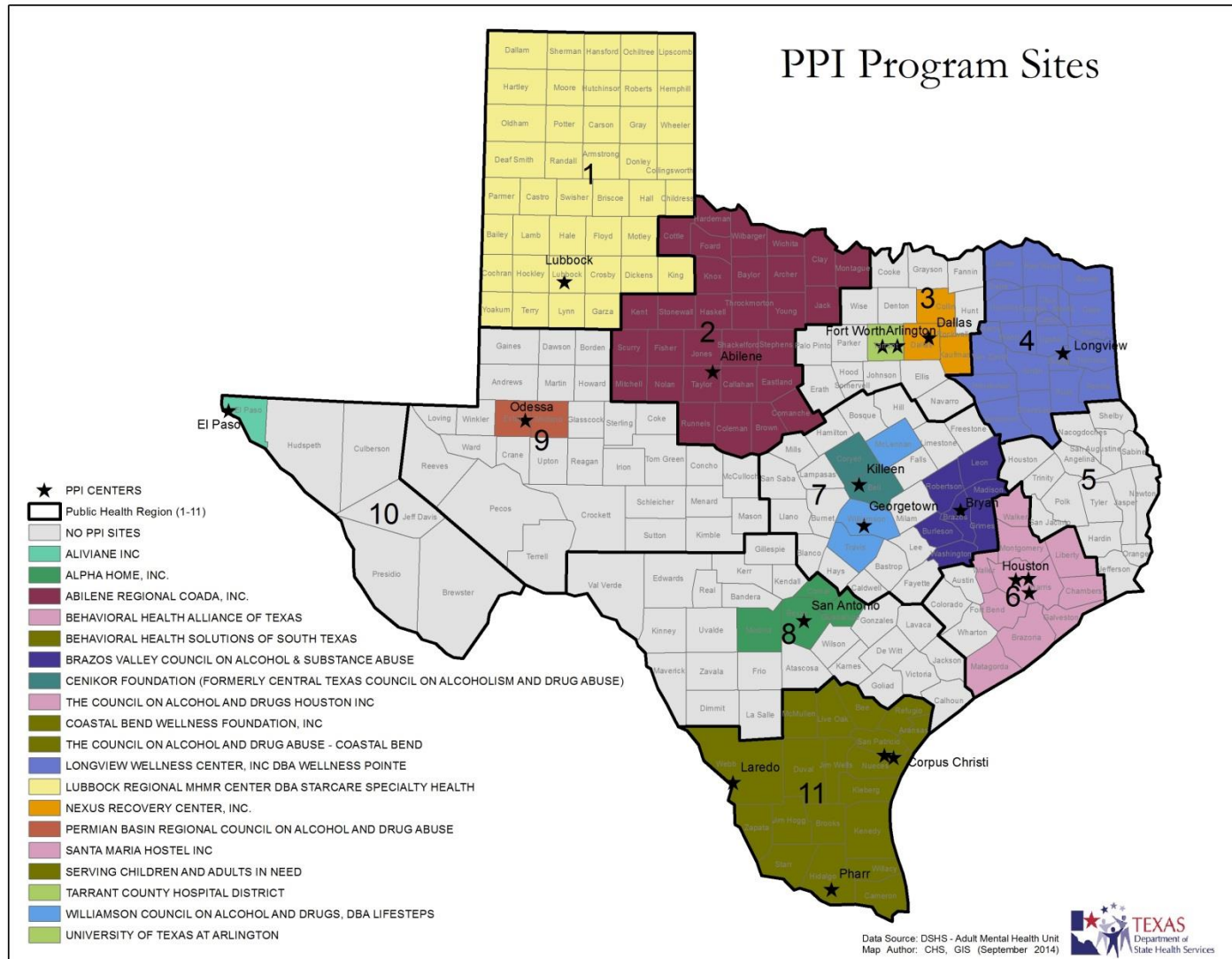
## Population served

- PPI numbers served September 2013-July 2014
  - Adults - 3,344
  - Youth (12-17) - 861
- PADRE numbers served September 2013-July 2014
  - Adults – 399
  - Youth (12-17) - 174

# PADRE Program Sites



# PPI Program Sites



# Neonatal Abstinence Syndrome (NAS) Exceptional Item

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- NAS is neonatal withdrawal after exposure to certain drugs (illicit or prescription) in the womb, which occurs with the abrupt cessation of the exposure resulting from birth
- NAS cases grew by 300% in the U.S. between 2000 and 2009
  - In 2000, there were 1.20 cases per 1,000 U.S. births
  - In 2009, there were 3.30 cases per 1,000 U.S. births
- In Texas, 1 out of 4 pregnant women admitted to DSHS-funded treatment services are dependent on opioids
  - Bexar, Harris and Dallas counties have the highest incidence
  - Bexar County accounts for 30% of all cases in Texas

# Neonatal Abstinence Syndrome (NAS) Exceptional Item

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- The DSHS Legislative Appropriations Request includes an Exceptional Item to purchase health care services, products, and community-based activities to reduce incidence, severity, and cost associated with NAS
  - Provide Opioid Substitution Therapy for an additional 635 women
  - Increase Screening, Brief Intervention and Referral To Treatment for an additional 16,500 women
  - Serve an additional 2,417 opioid-dependent clients through PPI
  - Provide outreach services for approximately 1,111 pregnant women with Substance Abuse Disorder (SUD)
  - Provide intensive case management services for an additional 729 pregnant and postpartum women prescribed buprenorphine
  - Implement a statewide residential SUD pilot program for approximately 170 clients
  - Expand the “Mommies” program to hospitals with the highest incidence of NAS to provide services to approximately 550 families with a child diagnosed with NAS
- DSHS is requesting \$7,747,349 in FY 2016 and \$9,256,553 in FY 2017 for this purpose

# Neonatal Abstinence Syndrome (NAS) Incidence in Texas

Texas Incidence of NAS and Associated Costs			
Year	Medicaid NAS Births	Average Inpatient Hospital Cost	Total Inpatient Hospital Cost
FY 2011	854	\$37,263	\$31,822,422
FY 2012	994	\$30,517	\$30,334,312
FY 2013	1,009	\$31,321	\$31,602,668

In 2013, the average Medicaid cost to deliver a baby was \$3,369



# Questions

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# **Department of Family and Protective Services**

***(DFPS)***





# House Select Committee on Child Protection

## Interim Charge Presentation

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Judge John Specia, DFPS Commissioner

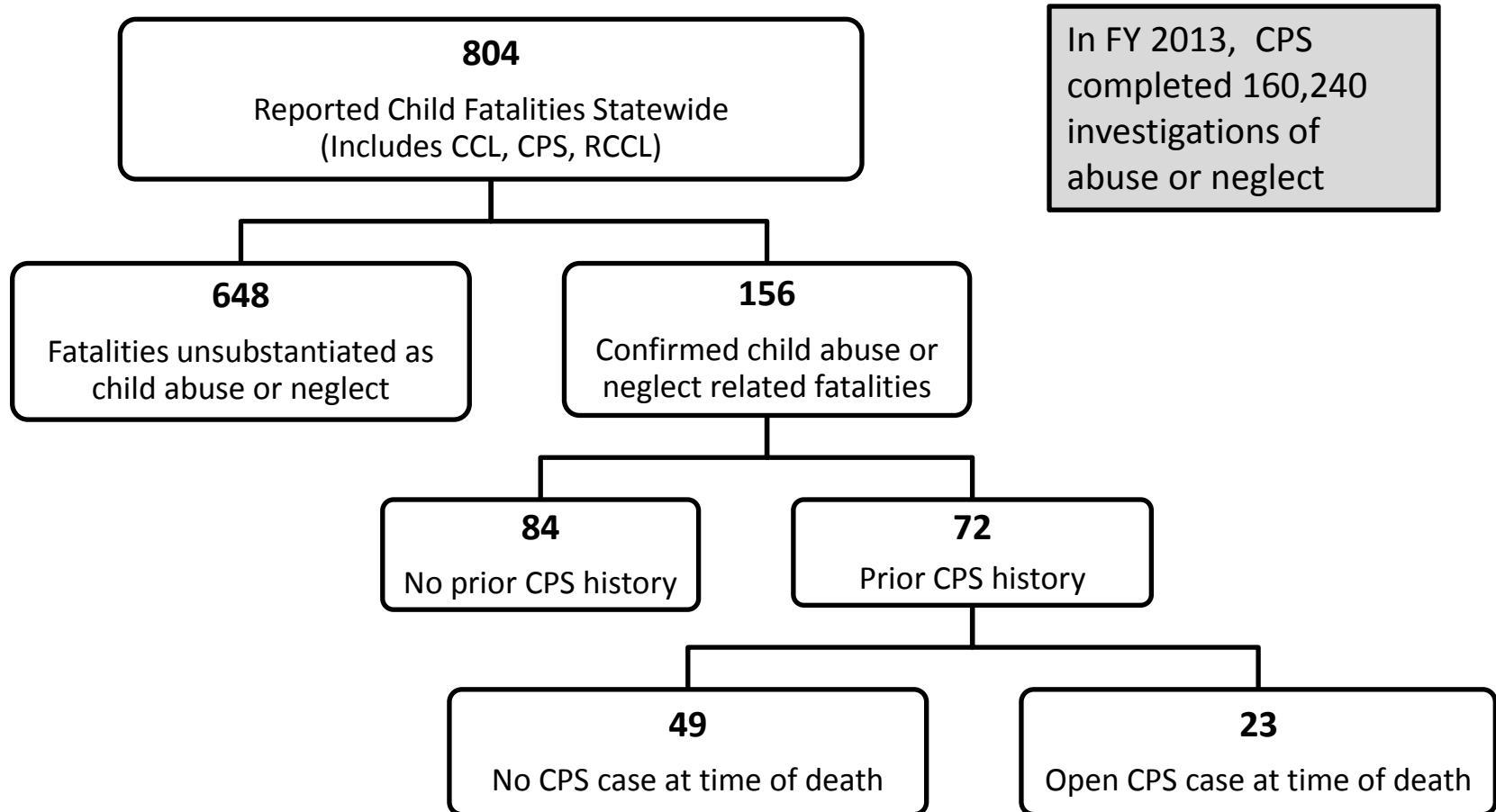
*September 30, 2014*

- Review of Child Abuse & Neglect Fatalities
- Coordination and Collaboration
- Prevention Efforts that Target Resources to Families at Risk

# Part One

## **Review of Child Abuse & Neglect Fatalities**

# Child Fatalities in FY 2013

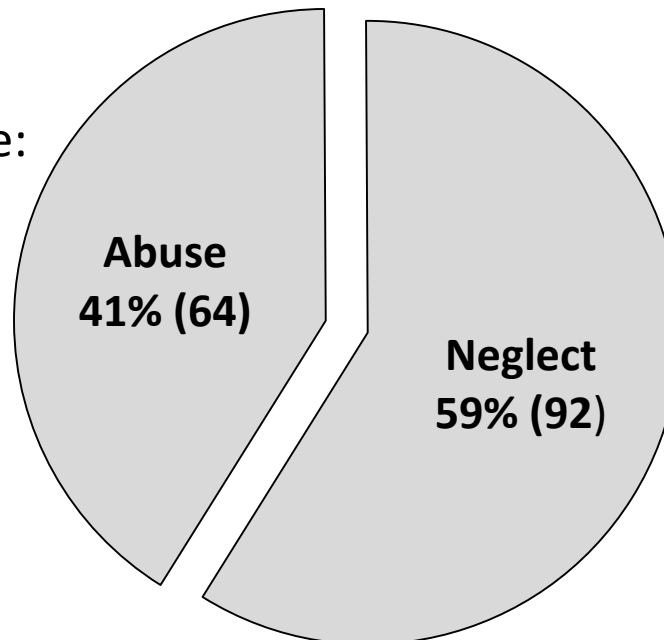


- In child fatality cases, factors that presented safety threats to the child included:
    - Lack of protective capacity of the caregiver
    - Repeat maltreatment to the child
    - Access to a swimming pool
    - Access to a firearm
    - Inappropriate sleeping arrangements
  - Children age three and under represent 80 percent of all child fatalities from abuse or neglect
-

## Child Fatalities in Texas FY 2013 Total - 156

Abuse fatalities include:

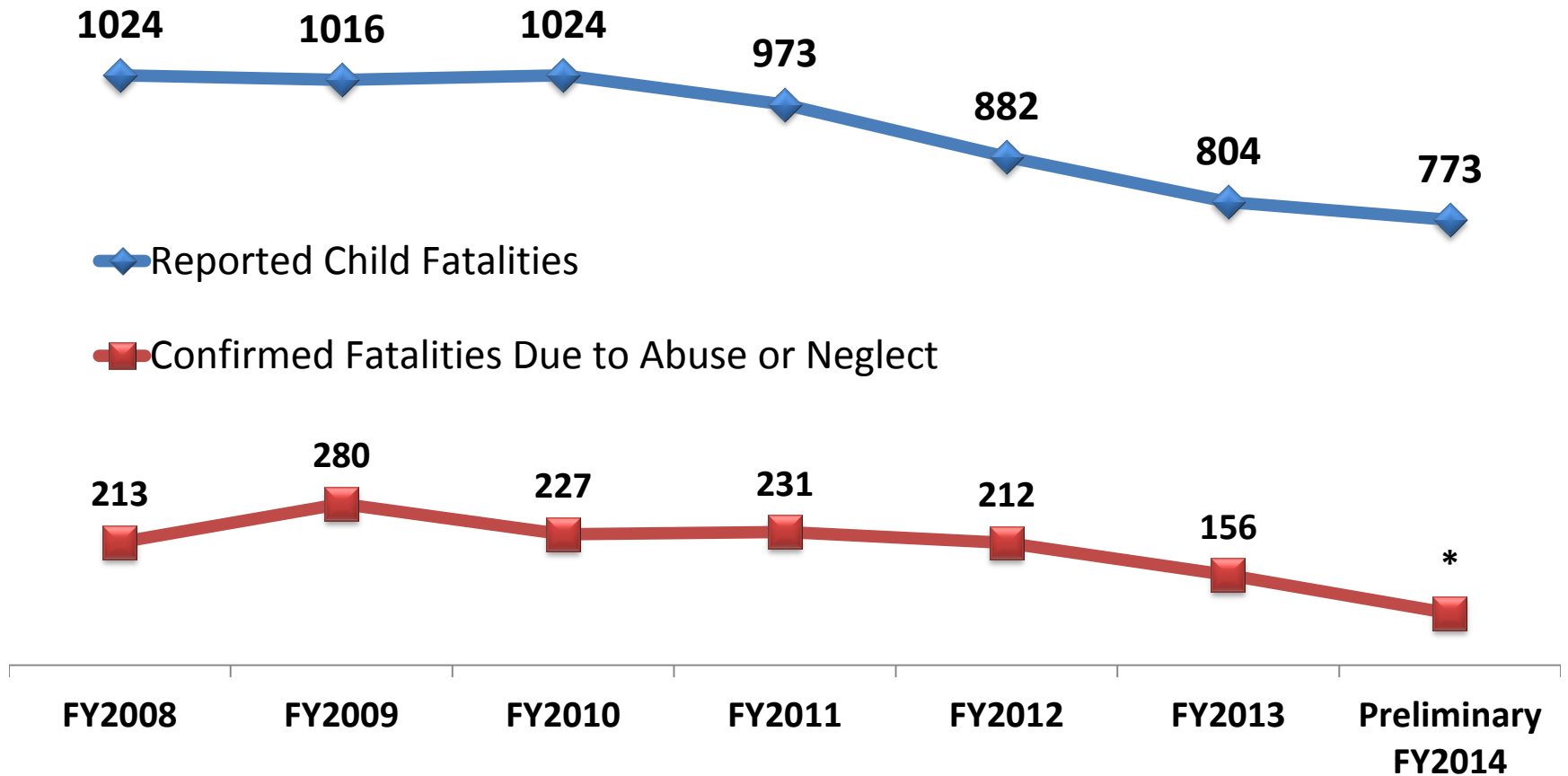
- Blunt Force Trauma
- Stabbing
- Suffocation



Neglect fatalities include:

- Drowning
- Unsafe Sleep
- Medical Neglect

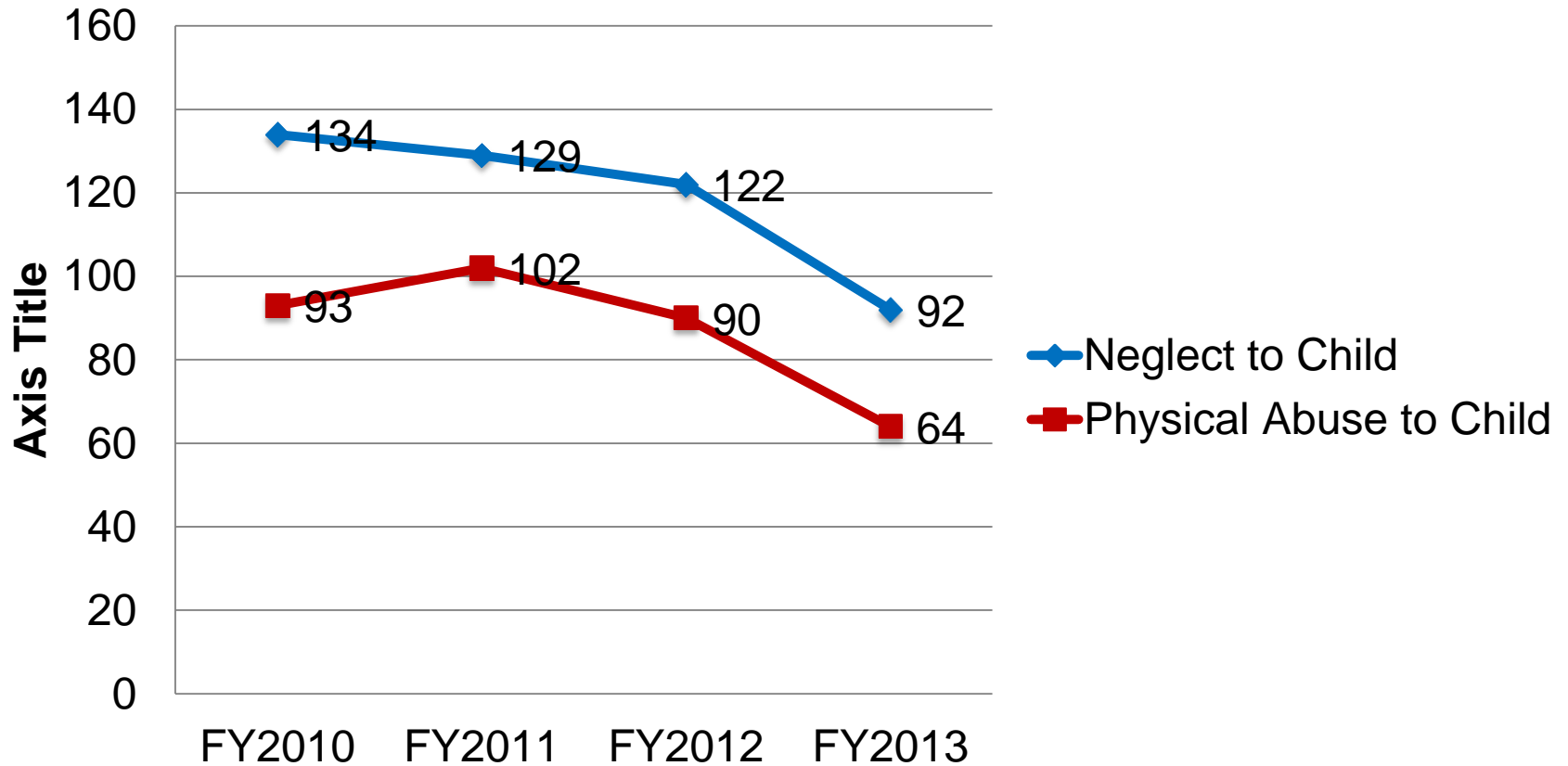
# Child Fatalities by Year



*\*Preliminary FY2014 numbers are subject to change.*

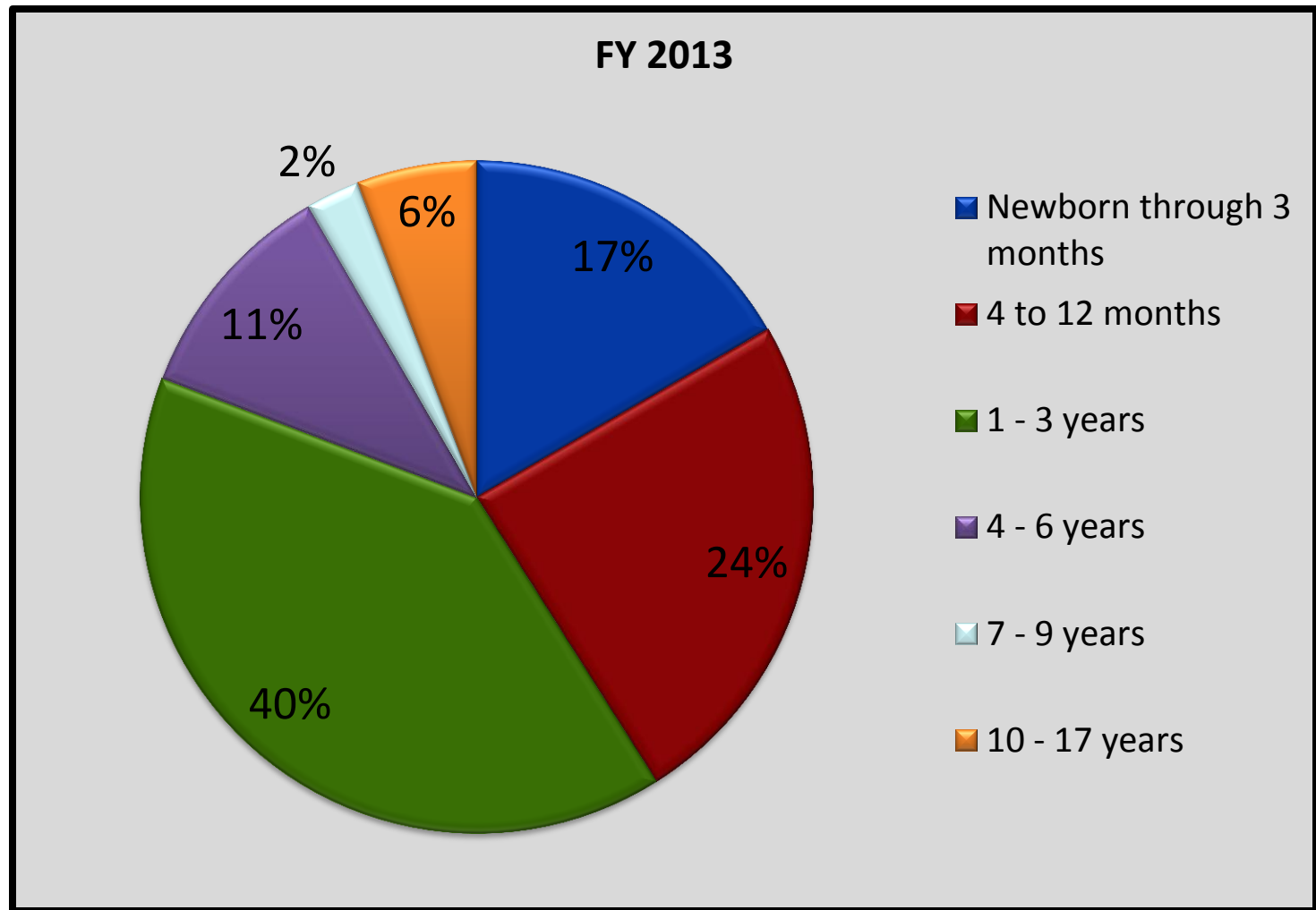
# Causes of Child Abuse/Neglect Fatalities

## Causes of Child Abuse & Neglect Fatalities





# Age of Child Abuse & Neglect Fatality Victims



- In FY 2013, DFPS Internal Audit was directed to conduct an audit of the existing child fatality review processes.
- The audit found that DFPS needed to make efforts to identify lessons learned and ensure the agency has a clear and consistent response to each fatality.
- In particular, it was noted that policy and procedures are maintained in multiple documents and not consistently presented in a logical flow, which requires staff to piece together information from various places to perform their job functions.

- DFPS developed a child safety action plan that includes audit recommendations, responses to specific child fatality cases, identified trends, or a recommendation from a child safety forum with providers.
- Areas addressed in the child safety plan include:
  - Child fatality review process
  - Kinship Care
  - Foster Care
  - DFPS training and casework practices
  - Regulation of contracted providers

- In response to the audit findings and recommendations, DFPS overhauled the child fatality process to be more consistent, transparent, and comprehensive:
    - Restructured the child fatality review process and clarified the role of external reviewers to ensure thorough review of fatality investigations.
    - Streamlined and clarified internal fatality review policy and protocols to ensure consistent application across all regions. Consolidated all fatality related procedures into a separate manual.
    - Implemented centralized, comprehensive data collection that allows for real time analysis of fatalities.
    - Established an ongoing process to analyze issues and trends identified during child fatality reviews in an effort to prevent child fatalities.
-

- In FY 2013 there were 3 fatalities in kinship care. Each of the 3 fatalities was related to improper supervision. To address concerns, during the last year DFPS:
    - Updated the manual provided to all kinship caregivers to include more information on ensuring child safety.
    - Reviewed kinship policies, procedures, and rules to ensure that they are up-to-date and that safety is emphasized.
    - Strengthen ongoing assessment of child safety risks during home visits.
    - Conducted an additional safety check on all children aged 3 and under who are in kinship placements.
    - Updated the DFPS home assessment for kinship placements to ensure that caseworkers clearly identify risks during the family's home study and take appropriate steps to address those identified risks.
    - Publishes a quarterly newsletter for Kinship Caregivers.
-

- In FY 2013 there were 7 fatalities in foster care. With 90 percent of children in foster care placed with private providers, how DFPS regulates and monitors those providers is critical. DFPS took the following actions:
  - Conducted child safety forums with providers across the state (completed December 2013);
  - Strengthened minimum standards related to the screening of foster parents; and
  - Conducted a contract monitoring audit to assess the process for evaluating residential provider performance, with a focus on child safety and quality of care (Completed July 2014)

- The contract monitoring audit recommended the development of a risk assessment instrument based on predicative analytics, an evidence-based statistical technique that analyzes data to forecast the likelihood of future events or behaviors.
- In August, DFPS began using an improved risk assessment instrument to better promote child safety.
- The goal is for contract staff to prioritize which residential contractors and risk factors to monitor.

# Child Safety Plan

## Strengthening DFPS Training

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- In 46% of child fatalities, CPS had prior involvement with the family. In order to ensure CPS workers have the training to identify safety risks, DFPS is taking the following steps:
  - Conducted a statewide training on safety for all CPS foster/adopt staff. (Fall 2013)
  - Updated training for caseworkers on identifying and addressing safety concerns with focus on better communication between CPA and CPS staff. (Spring 2014)
  - Increased training for Human Services Technicians (HST) to enhance their abilities to recognize safety issues. Since HSTs are an additional set of eyes on children and often transport children to services, they serve as another opportunity to observe and ensure that child's safety. (Spring 2014)



# **Part Two**

# **Coordination and Collaboration Efforts**

# Coordination and Collaboration

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- DFPS is strengthening partnerships and engaging in information sharing to help locate missing children.
- Earlier this month, DFPS entered into a Memorandum of Understanding that will authorize the National Center for Missing and Exploited Children (NCMEC) to produce a missing child poster when a child is lost, abducted or missing from state care.
- In addition to working with 300 corporate photo partners to do a targeted dissemination of a poster, NCMEC brings their many other resources to bear, including analytical tools and data sources to help find the child
- Because NCMEC is a national clearinghouse for both missing and sexually exploited children, they are able to connect potential victims and offenders in multiple states.

# Coordination and Collaboration

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- Child advocacy centers can be helpful in identifying cases that require the attention of DFPS as well as law enforcement in order to strengthen joint investigations.
- Beginning in mid-August, Statewide Intake initiated a pilot program with the Child Advocacy Center (CAC) of Smith County in Tyler.
- Law enforcement notifications are sent to the Tyler Child Advocacy Center as well as law enforcement in order to involve the CAC in joint investigations with CPS and law enforcement in a more timely manner and make recommendations for more effective joint investigations.

# Coordination and Collaboration

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- DFPS continues to support current, active Family Drug Courts across the state as well as continues to work to expand Family Drug Courts to additional areas.
  - Currently, there are 11 active Family Drug Courts across the state that serve families with open CPS cases either through Family Based Safety Services or through Conservatorship.
  - Most recently DFPS and DSHS has worked to expand the Drug Court in Bexar County through increased funding available through DSHS along with a commitment to serve more families through the Drug Court program in Regions 1, 8 and 11.
-

## Data-Sharing Partnerships with DSHS

- Helping through Intervention and Prevention (HIP) is a matching project where parents who have experienced a child death are matched with birth file to assess whether that parent has had another child since the death of the first child. The purpose is to provide DFPS with the information to identify high-risk families and offer services.
- Matching all abuse and neglect deaths identified by DFPS with data sources at DSHS, including birth and death data.

CPS has **conservatorship**;  
Faith organizations have **stewardship**; and  
Communities have **ownership**.

~ Bishop Aaron Blake ~  
Brownwood, TX

### **Faith-based organizations help with prevention, foster/adopt, and youth transitioning to independent living**

- Currently there have been 149 churches recruited to participate in the Faith Based Collaboration.
- As of September 2014, 113 churches attended informational meetings with the intent to develop and launch Faith Based ministries in the future.
- 16 churches have begun recruiting foster/adopt families.
- 13 other Orphan Care Ministries have been launched.
- DFPS launched a web-based communication tool for front line staff to make requests directly to churches called The Care Portal.

- In the past year, DFPS Office of Consumer Affairs (OCA) reached out to the following organizations to inform them about the role of OCA in reviewing concerns and complaints to encourage them to report any issues that affect children in care.
  - Court-Appointed Special Advocates (CASA)
  - Foster Family Association
  - Child Placing Agencies
  - Foster Youth



## **Part Three**

# **Prevention Efforts that Target Resources to Families at Risk**

Based on Rider 30 funding for innovative prevention services and with early stakeholder involvement, PEI created:

## **Project HOPES:**

*Healthy Outcomes through Prevention and Early Support.*

To build HOPES, DFPS convened a stakeholder workgroup to develop a comprehensive plan that utilizes the best strategies for meeting the legislated requirements of the other at-risk prevention services.

These stakeholders advised that the best use of limited dollars would be to target:

- the most at-risk areas of the state; and
  - families with children from birth to age five.
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# Targeted Geographic Areas

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- Counties were ranked based on:
  - Child abuse and neglect fatalities,
  - Child poverty,
  - Substance abuse convictions and treatment facility admissions,
  - Domestic violence convictions, and
  - Teen pregnancy rates.
- Children from birth to age five were targeted as they are the most vulnerable to child abuse and neglect and especially fatalities.

# Targeted Geographic Areas

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- Funding allowed for eight counties to apply for funds and the ones targeted for HOPES are:
  - **Potter** (Amarillo)
  - **Webb** (Laredo)
  - **Gregg** (Longview)
  - **Ector** (Odessa)
  - **Cameron** (Harlingen)
  - **Hidalgo** (McAllen)
  - **Travis** (Austin)
  - **El Paso** (El Paso)

DFPS currently measures programmatic effectiveness using:

1. A validated pre and post services survey of these protective factors;  
and
2. Entry into the child welfare and the juvenile justice system (if applicable).

DFPS is currently exploring further measures of program effectiveness through a contract with the UT School of Social Work.

UT will evaluate the effectiveness of HOPES as well as make recommendations for future programmatic evaluation and data collection based on historical PEI data and a national review of other prevention programming effectiveness measures.

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1. As of September 1<sup>st</sup>, PEI reports directly to the Commissioner, as recommended by the Sunset Advisory Commission.
2. PEI is beginning the process to develop a five-year strategic plan for preventing child abuse and neglect.

# **Invited Testimony**

*No written Presentation  
Materials to be provided in  
advance*

# **Public Testimony**